



ALLIANCE OF NONPROFITS FOR INSURANCE
RISK RETENTION GROUP
P.O. Box 8546, Santa Cruz, CA 95061
P: (800) 359-6422
F: (831) 459-0853

COMMERCIAL LINES COMMON POLICY DECLARATIONS

PRODUCER:
Nonprofit Insurance Advisors
2314 University Ave W Suite 20
Saint Paul, MN 55114

POLICY NUMBER: **2012-26938**
RENEWAL OF NUMBER: **2011-26938**

NAME OF INSURED AND MAILING ADDRESS:

East Phillips Improvement Coalition Inc.
331 2nd Ave. S Room 220, Ste 425
Minneapolis, MN 55401

POLICY PERIOD: FROM **07/08/2012** TO **07/08/2013**
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Revitalizes neighborhoods in Minneapolis

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS
POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THESE PREMIUMS MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART - OCCURRENCE	\$9,478
COMMERCIAL AUTO LIABILITY COVERAGE PART	\$600
IMPROPER SEXUAL CONDUCT COVERAGE PART	Not Covered
COMMERCIAL LIQUOR LIABILITY COVERAGE PART	INCLUDED
TERRORISM COVERAGE (Certified Acts)	Not Covered
TOTAL:	\$10,078

FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY AT TIME OF ISSUE:*

ANI-RRG-AL 04 01, ANI-RRG-E11 07 92, ANI-RRG-E12 05 92, ANI-RRG-E15 02 09, ANI-RRG-E22 08 95, ANI-RRG-E25 01 98, ANI-RRG-E28 01 99,
ANI-RRG-E29 12 09, ANI-RRG-E3 01 99, ANI-RRG-E30 4-00, ANI-RRG-E33 01 02, ANI-RRG-E42 07 06, ANI-RRG-E52 09 11, ANI-RRG-E60 07 12,
ANI-RRG-E7 10 04, ANI-RRG-GL 04 01, ANI-RRG-LL 04 01, ANI-RRG-X1 08 02, CG 00 01 07 98, CG 00 33 01 96, CG 00 67 03 05,
CG 01 22 07 98, CG 20 10 07 04, CG 20 11 01 96, CG 20 12 07 98, CG 20 18 11 85, CG 20 20 11 85, CG 20 26 07 04,
CG 20 34 07 04, CG 20 37 07 04, CG 21 16 07 98, CG 21 73 01 08, CG 22 44 11 85, CG 24 07 11 85, CG 25 04 11 85,
CG 26 05 02 07, CG 29 97 02 07, CG 77 94 04 93, IL 00 17 11 98, IL 02 45 09 07, NPO-001 04 09, SCHEDULE BA 01 80,
SCHEDULE G 01 80, SCHEDULE L 01 80,

*Omits applicable forms and endorsement if shown in specific coverage part / coverage form declarations.

These declarations and the common policy declarations, if applicable, together with the common policy conditions, coverage form(s) and forms and endorsements, if any, issued to form a part thereof, complete the above numbered policy.

"NOTICE

This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group."

ANI - RRG - CO

BY 
(AUTHORIZED REPRESENTATIVE)
08/09/2012

(03437 - DB)



ALLIANCE OF NONPROFITS FOR INSURANCE
RISK RETENTION GROUP
P.O. Box 8546, Santa Cruz, CA 95061
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COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

PRODUCER:

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2314 University Ave W Suite 20
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POLICY NUMBER: 2012-26938

RENEWAL OF NUMBER: 2011-26938

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LIMITS OF COVERAGE:

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS - COMPLETED OPERATIONS)	\$2,000,000
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT	\$1,000,000
EACH OCCURRENCE LIMIT	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU	\$500,000 any one premise
MEDICAL EXPENSE LIMIT	20,000 any one person

ADDITIONAL COVERAGES:

SOCIAL SERVICE PROFESSIONAL LIABILITY

EXCLUDED

CLASSIFICATION(S)

SEE ATTACHED SUPPLEMENTAL DECLARATIONS SCHEDULE G

PREMIUM

\$9,478

FORMS AND ENDORSEMENTS APPLICABLE TO THIS POLICY ARE INCLUDED IN COMMERCIAL LINES COMMON POLICY DECLARATIONS

08/09/2012

BY

(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S)
AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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your risk retention group."**

ANI - RRG - GL

(03437)



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**COMMERCIAL GENERAL LIABILITY
EXTENSION OF DECLARATIONS**

Schedule G

POLICY NUMBER: 2012-26938

Page 1

NAME OF INSURED: East Phillips Improvement Coalition Inc.

<u>PREMISES CODE/CLASS</u>	<u>*LOC</u>	<u>PREMIUM BASIS</u>	<u>RATE</u>	<u>*ADVANCED PREMIUM</u>
61227/Buildings or Premises - office - NFP	1	1,580	112.901	\$178

ADDITIONAL COVERAGES

FREE TEXT

*See Common Declarations for Total Advanced Premium and Schedule 'L' for locations.

08/09/2012

BY

(AUTHORIZED REPRESENTATIVE)

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**COMMERCIAL GENERAL LIABILITY
EXTENSION OF DECLARATIONS**

Schedule G

POLICY NUMBER: 2012-26938

Page 2

NAME OF INSURED: East Phillips Improvement Coalition Inc.

<u>PREMISES CODE/CLASS</u>	<u>*LOC</u>	<u>PREMIUM BASIS</u>	<u>RATE</u>	<u>*ADVANCED PREMIUM</u>
GL coverage for the business operations and activities associated with the East Phillips Improvement Coalition programs - organizations listed below Premium charge of \$400 per organization:				\$8,800
Audubon Neighborhood Association Bryant Neighborhood Organization Central Area Neighborhood Development Organization Citizens for a Loring Park Community Corcoran Neighborhood Organization Elliot Park Neighborhood, Inc. Field, Regina, Northrop Neighborhood Group Heritage Park Neighborhood Association Holland Neighborhood Improvement Association Jordan Area Community Council Kingfield Neighborhood Association Logan Park Neighborhood Association Longellow Community Council Midtown Phillips Neighborhood Association Northside Residents Redevelopment Council Powderhorn Park Neighborhood Association Seward Neighborhood Group St. Anthony East Neighborhood Association Windom Park Citizens in Action Cleveland Neighborhood Association East Harriet Farmstead Neighborhood Association				
Increased Aggregate				\$500

*See Common Declarations for Total Advanced Premium and Schedule 'L' for locations.

08/09/2012

BY

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**COMMERCIAL GENERAL LIABILITY
EXTENSION OF DECLARATIONS**

Schedule L

POLICY NUMBER: 2012-26938

Page 1

NAME OF INSURED: East Phillips Improvement Coalition Inc.

**PREMISES
LOC/BLDG**

**DESIGNATED PREMISES
ADDRESS, CITY, STATE, ZIP**

**ADDITIONAL INSUREDS
AND OTHER INTERESTS**

1

331 2nd Ave. S Room 220, Ste 425
Minneapolis, MN 55401

08/09/2012

BY

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COMMERCIAL LIQUOR LIABILITY COVERAGE PART DECLARATIONS

PRODUCER:

Nonprofit Insurance Advisors
2314 University Ave W Suite 20
Saint Paul, MN 55114

POLICY NUMBER: 2012-26938

RENEWAL OF NUMBER: 2011-26938

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LIMITS OF COVERAGE:

GENERAL AGGREGATE LIMIT..... \$ 1,000,000

EACH COMMON CAUSE LIMIT..... \$ 1,000,000

PREMIUM:

Included

FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT THE TIME OF ISSUANCE:
CG 00 33/01 96

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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ANI - RRG - LL

(03437)

INDEX OF FORMS ATTACHED TO THE POLICY

POLICY NUMBER: 2012-26938

NAME OF INSURED: East Phillips Improvement Coalition Inc.

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LIABILITY FORMS AND ENDORSEMENTS

FORM NUMBER/EDITION DATE

Business Auto Coverage Part Declarations	ANI-RRG-AL 04 01
Fireworks Exclusion	ANI-RRG-E11 07 92
Nuclear Energy Liability Exclusion Endorsement	ANI-RRG-E12 05 92
Blood Testing Exclusion	ANI-RRG-E15 02 09
Asbestos Exclusion	ANI-RRG-E22 08 95
Additional Insured - Designated Person or Organization	ANI-RRG-E25 01 98
Property Damage to Personal Property in the Care, Custody or Control of the Insured	ANI-RRG-E28 01 99
Employee Personal Auto Reimbursement	ANI-RRG-E29 12 09
Member Criteria	ANI-RRG-E3 01 99
Additional Insured - Volunteers	ANI-RRG-E30 4-00
Mold, Fungus Exclusion	ANI-RRG-E33 01 02
Nuclear, Chemical and Biological Hazard Exclusion	ANI-RRG-E42 07 06
Cyber Coverage	ANI-RRG-E52 09 11
Volunteer Medical Payments	ANI-RRG-E60 07 12
Exclusion of Coverage for Claims By and Related to Past and Present Employees	ANI-RRG-E7 10 04
Commercial General Liability Coverage Part Declarations	ANI-RRG-GL 04 01
Commercial Liquor Liability Coverage Part Declarations	ANI-RRG-LL 04 01
Improper Sexual Conduct Exclusion - GL	ANI-RRG-X1 08 02
Commercial General Liability Coverage Form	CG 00 01 07 98
Liquor Liability Coverage Form	CG 00 33 01 96
Exclusion - Violation of Email Statutes	CG 00 67 03 05
Minnesota Changes - Contractual Liability Exclusion And Supplementary Payments	CG 01 22 07 98
Additional Insured - Owners, Lessees or Contractors	CG 20 10 07 04
Additional Insured - Managers or Lessors of Premises	CG 20 11 01 96
Additional Insured - State or Political Subdivisions - Permits	CG 20 12 07 98
Additional Insured - Mortgagee, Assignee or Receiver	CG 20 18 11 85
Additional Insured - Charitable Institutions	CG 20 20 11 85
Additional Insured - Designated Person or Organization	CG 20 26 07 04
Additional Insured - Lessor of Leased Equipment - Automatic Status - Lease	CG 20 34 07 04
Additional Insured - Owners, Lessees or Contractors - Completed Operations	CG 20 37 07 04
Designated Professional Services Exclusion	CG 21 16 07 98
Exclusion of Certified Acts of Terrorism	CG 21 73 01 08
Health or Cosmetic Services Exclusion	CG 22 44 11 85
Products/Completed Operations Hazard Redefined	CG 24 07 11 85
Amendment - Aggregate Limits of Insurance (Per Location)	CG 25 04 11 85
Minnesota Changes	CG 26 05 02 07
Minnesota Changes - Liquor Liability	CG 29 97 02 07
Liability Arising Out of Lead Exclusion	CG 77 94 04 93
Common Policy Conditions	IL 00 17 11 98
Minnesota Changes - Cancellation and Nonrenewal	IL 02 45 09 07
Nonprofits' OWN Enhancement Endorsement	NPO-001 04 09
Business Auto Coverage Schedule	SCHEDULE BA 01 80
Commercial General Liability Class Code Schedule	SCHEDULE G 01 80
Commercial General Liability Location Schedule	SCHEDULE L 01 80

This list of forms is not part of the actual policy, but is for your information only.
Please refer to the policy(s) for actual limits, coverages and exclusions.



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BUSINESS AUTO COVERAGE PART DECLARATIONS

PRODUCER: Nonprofit Insurance Advisors
2314 University Ave W Suite 20
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POLICY NUMBER: 2012-26938

RENEWAL OF NUMBER: 2011-26938

Item One: NAME OF INSURED AND MAILING ADDRESS:

East Phillips Improvement Coalition Inc.
331 2nd Ave. S Room 220, Ste 425
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Item Two: SCHEDULE OF COVERAGES AND COVERED AUTOS.

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS <small>Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos.</small>	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY CSL	N/A	EXCLUDED	N/A
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)	N/A	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT.	N/A
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)	N/A	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT.	N/A
HIRED AUTO	8	\$1,000,000 CSL	\$100
NONOWNED AUTO	9	INCLUDED	\$500
AUTO MEDICAL PAYMENTS	N/A	EXCLUDED	N/A
UNINSURED MOTORIST	N/A	EXCLUDED	N/A
UNDERINSURED MOTORIST	N/A	EXCLUDED	N/A
PHYSICAL DAMAGE COMPREHENSIVE/ COLLISION	N/A	N/A	N/A
ESTIMATED TOTAL PREMIUM			\$600

FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT THE TIME OF ISSUANCE:
CA 00 01 03 10, CA 01 38 02 07, CA 02 18 06 00, CA 20 54 10 01, CA 20 55 10 01, CA 99 33 02 99, CA 99 34 12 93,

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08/09/2012

BY

(AUTHORIZED REPRESENTATIVE)

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ANI - RRG - AL

(03437)



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BUSINESS AUTO COVERAGE FORM

POLICY NUMBER: 2012-26938

SCHEDULE BA
Page 1

NAME INSURED: East Phillips Improvement Coalition Inc.

Item Three: SCHEDULE OF COVERED AUTOS YOU OWN

DESCRIPTION			TERR. STATE	CLASS CODE	DEDUCTIBLES apply only if coverage is provided as indicated below.	
COVERED AUTO NO.	YEAR, MODEL, TRADE NAME, BODYTYPE, SERIAL NUMBER(S)	VIN			OTHER THAN COLLISION	COLLISION

NO OWNED AUTOS

PREMIUMS: COVERAGE IS PROVIDED ONLY IF A PREMIUM CHARGE IS INDICATED.

COVERED AUTO NO.	NON-OWNED	HIRED	LIABILITY	PIP	MED PAY	UM/UIM	PHYSICAL DAMAGE		ADDITIONAL INSURED / LOSS PAYEE: <small>Except for towing, all physical damage loss is payable to you and the Loss Payee named below as interest may appear at the time of loss. See attached Schedule AI.</small>
							COLL.	COMP.	

NO/H 500 100

Pamela C. R.

08/09/2012

(AUTHORIZED REPRESENTATIVE)

Date

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ANI - RRG - SCHEDULE BA



INDEX OF FORMS ATTACHED TO THE POLICY
POLICY NUMBER: 2012-26938

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Page 1

AUTO FORMS AND ENDORSEMENTS

FORM NUMBER/EDITION DATE

Business Auto Coverage Form	CA 00 01 03 10
Minnesota Changes	CA 01 38 02 07
Minnesota Changes - Cancellation and Nonrenewal	CA 02 18 06 00
Employee Hired Autos	CA 20 54 10 01
Fellow Employee Coverage	CA 20 55 10 01
Employees as Insureds	CA 99 33 02 99
Social Service Agencies - Volunteers as Insureds	CA 99 34 12 93

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